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ARIZONA STATE BOARD OF HEALTH

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 149

Place of Birth Miami County Gila No. Grover Canyon St.  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>	<u>single</u>		
DATE OF BIRTH* <u>8-11-22</u> (Month) (Day) (Year)			
FULL NAME <u>Refugio Morones</u>		FATHER	
FULL MAIDEN NAME <u>Maria Macias</u>		MOTHER	

I HEREBY CERTIFY that the child described  
herein has been named

Antonio Morones  
(Give name in full) (Surname)

Refugio Morones  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

149-811-442

1. Name of child at birth	2. Sex of child
3. Date of birth	4. Place of birth
5. Name of father	6. Name of mother
7. Name of physician or midwife	8. Signature of parent

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I attended the birth of this child, who was born on the date above stated.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Physician or Midwife

Blank supplemental reports of birth may be obtained from the local registrar.

RECEIVED  
SEP 18 1922  
FILE

THIS REPORT SHOULD BE FILED IN THE BIRTH RECORDS OF THE COUNTY OF GILA, ARIZONA, AT THE OFFICE OF THE COUNTY REGISTRAR, GILA COUNTY, ARIZONA.